Image# 15950591946 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	ound man	All Authorized				Office Us	se Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT		mple: If typir the lines.	ig, type	12FE4	M5	
KLW Political Fund							
ADDRESS (number and street)	4845 Jamestown	Ave.					
Check if different	Suite 208						
than previously reported. (ACC)	Baton Rouge				LA	70808	
2. FEC IDENTIFICATION NUM	/IBER ▼	CITY			STATE A		ZIP CODE 🛦
C C00569863		3. IS THIS REPORT		IEW N) OR	×	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		lun 20 (M6)	H	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)		lul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-E		Primary (12P Convention (-	eral (12G) sial (12S)	Runoff (12R)
October 15 Quarterly Report (Q3	· ·	ioi tile.	Convention (120)	Spec	iai (120)	
January 31 Year-End Report (YE		Election on	M M /	D D /	Y Y Y	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Election X	General (30G	i)	Runo	off (30R)	Special (30S)
Termination Report (TER)	Порот	Election on	1,1 /	04	2014	Y	in the State of LA
5. Covering Period 10	16	2014	through	11	/ D D	/ Y Y 201	4
I certify that I have examined this Type or Print Name of Treasurer	Report and to the Ms Emily Cornel	•	wledge and b	elief it is tru	e, correct	and complet	te.
Type of Film Name of Heasard	We Entity Content						
Signature of Treasurer Ms Emi	ily Cornell		[Electronically	Filed]	ate	01 30	2015
NOTE: Submission of false, erroned	ous, or incomplete	information may su	bject the pers	on signing th	nis Report	to the penaltic	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X ev. 12/2004

SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Nrite or Type Committee Name KLW Political Fund		
R	Report Covering the Period: From:	10 16 2014 To:	11 24 / 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	170600.00	170600.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	170600.00	170600.00
7.	Total Disbursements (from Line 31)	114486.80	114486.80
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56113.20	56113.20
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	28000.00	
	This committee has qualified as a multi	ticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

KLW Political Fund

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		100500.00
(i) Itemized (use Schedule A)	122500.00	122500.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add	, 100.00	
Lines 11(a)(i) and (ii)▶	122600.00	122600.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	122600.00	122600.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	48000.00	48000.00
7111 20410 110001704		7
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	2.22
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	170600.00	170600.0
, -,,,,,,,,,	7	7
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	170600.00	170600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	Operating Expenditures: — a) Allocated Federal/Non-Federal		- Calondal Four to Suto
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I oderal offare		
	(ii) Non-Federal Share	0.00	0.00
(t	o) Other Federal Operating		
	Expenditures	2990.00	2990.00
(0	c) Total Operating Expenditures	2020.00	2000 00
_	(add 21(a)(i), (a)(ii), and (b))▶	2990.00	2990.00
	ransfers to Affiliated/Other Party	0.00	0.00
C	committeescontributions to	0.00	0.00
	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	ndependent Expenditures		
(ι	use Schedule E)	86496.80	86496.80
С	Coordinated Party Expenditures		
(i	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
	Ī		
L	oan Repayments Made	25000.00	25000.00
	Г	0.00	0.00
	oans Madedefunds of Contributions To:	0.00	0.00
(8	a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Folitical Committees	0.00	
(k	o) Political Party Committees	0.00	0.00
((
	(such as PACs)	0.00	0.00
,	N. Talah Osah Santasa Barrada		
((d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines Zo(a), (b), and (c))		
. C	Other Disbursements	0.00	0.00
F	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) III assiall Obarra	0.00	0.00
/1	(ii) "Levin" Share b) Federal Election Activity Paid Entirely	0.00	
(1	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
((c) Total Federal Election Activity (add		
(Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
T	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	114486.80	114486.80
	_		
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	444490.00	114400.00
tr	rom Line 31)	114486.80	114486.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	122600.00	122600.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	122600.00	122600.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2990.00	2990.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2990.00	2990.00

1mage# 15950591951 PAGE 6 / 16

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA
Transaction ID:

The report was amended to reflect an expenditure for fundraising services that occurred during the Post General reporting period. Since the expenditure changed the report's closing balance, we are filing this amendment.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X)

	FO	R LINE	NU	IMBER	:	PAGE	=	7 (OF	10	6
Use separate schedule(s)	(che	eck only	or	ne)							_
for each category of the Detailed Summary Page	×	11a		11b		11c		12			
,g.		13		14		15		16		٦1	7

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) KLW Political Fund Full Name (Last, First, Middle Initial) Mr. Tim Dunn Date of Receipt Mailing Address PO Box 52268 10 20 2014 City State Zip Code Transaction ID: SA11AI.4172 TX Midland 79701 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Contribution Name of Employer Occupation CEO CrownQuest Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Financial Education and Advocacy Initiative, Inc. Date of Receipt Mailing Address 1120 Connecticut Ave., NW 20 2014 11 City State Zip Code Transaction ID: SA11AI.4196 Washington DC 20036 Amount of Each Receipt this Period FEC ID number of contributing C 70000.00 federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 70000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Shirley Wolf LeBlanc Date of Receipt Mailing Address 6428 Province Ln. M M / 2014 11 13 City State Zip Code Transaction ID: SA11AI.4178 LA 70808 **Baton Rouge** Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Contribution Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		7	I	7	122500.00
TOTAL This Period (last page this line number only)		7		7	122500.00

2500.00

Retired

Aggregate Year-to-Date ▼

N/A Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NU	JMBER:	PAGE	8 OF	16
Use separate schedule(s)	(check only or	ne)			
for each category of the Detailed Summary Page	11a	11b	11c	12	
,ge	X 13	14	15	16	17

			X 10 14 13 10 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) KLW Political Fund	• •	
	NEVV FUIIIIGAI FUIIU		
۱.	Full Name (Last, First, Middle Initial) Mr. Eric O'Keefe		Date of Receipt
	Mailing Address PO Box 279		10 20 2014
	City	State Zip Code	Transaction ID : SA13.4161
	Spring Green	WI 53588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	48000.00
	Name of Employer	Occupation	Loan
	N/A	Self-employed	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	48000.00	
 3.	Full Name (Last, First, Middle Initial)		Date of Receipt
-	Mailing Address		M = M / D = D / Y = Y = Y
	Ott	7.0.1	
	City	State Zip Code	Amount of Fook Possint this Posis
	FEC ID number of contributing		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)		Data of Pagaint
/-	Mailing Address		Date of Receipt
			M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	55 .3 12 15 2 1	
	Other (specify) ▼		
s	UBTOTAL of Receipts This Page (optional)	•	48000.00
	OTAL This Period (last page this line number of	only)	48000.00
- 11	FIAL THIS FEHOU (IASE PAYE THIS HITE HUTTIDET (/I II y J	

SCHEDULE B (FEC Form 3X)	Lloo concrete ashadistata	, FOR LINE		PAGE 9 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlook orliy	one) 22 23	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and address of any poli	tical committee to	solicit contributions	from such committee.
NAME OF COMMITTEE (In Full) KLW Political Fund				
/				
Full Name (Last, First, Middle Initial)			Date of Disburse	mont
A. Doner Fundraising			Date of Disburse	
Mailing Address 815 Brazos St.			11 00	
City	State Zip Code		Transaction ID	· SR21R /210
Austin Purpose of Disbursement	TX 78701		Transaction ib	. 30210.4219
Fundraising Services		003	Amount of Each	Disbursement this Period
Candidate Name		Category/		1150.00
Office Sought: House Disburse	ment For:	Туре		1130.00
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			5 . (5)	
B. Godfrey & Kahn, S.C.			Date of Disburse	
Mailing Address One East Main St. Suite 500			11 1	
City	State Zip Code		Transaction ID	: SB21B.4198
Madison Purpose of Disbursement	WI 53708	T		
Legal Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		1677.50
Office Sought: House Disburse	ment For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburse	ment
.			M M / D	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
r dipose of biobaroement			Amount of Each	Disbursement this Period
Candidate Name		Category/	Amount of Each	Disbursement this 1 chou
		Type		
Office Sought: House Disburse Senate	ment For: Primary General			
President	Primary General Other (specify) ▼			
State: District:	(op-on-y) •			
SUBTOTAL of Disbursements This Page (optional).		·····		2827.50
TOTAL TIL D. 1.12	`			2827.50
TOTAL This Period (last page this line number only	')			2827.50

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF CONKeefe Mailing Address PO Box 279 City State Zip Code Spring Green Spring Green Spring Green Spring Green Cardidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Spring Green Primary General Office Sought: House Disbursement Cother (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Spring Green Primary General Office Sought: House Disbursement Primary General Office Sought: Disbursement Primary General Office Sought: House Disbursement Primary General Office Sought: Disbursement Prim	SCHEDULE B (FEC Form 3X)	Hoe consusts astroduct ()	FOR LINE		PAGE 10 OF 16
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) KLW Political Fund Full Name (Last, First, Middle Initial) A. Mr. Eric O'Keefe Mailing Address PO Box 279 City State Zip Code Spring Green Wil 63688 Purpose of Disbursement Loan Repayment Candidate Name Office Sought: House Disbursement For: State: District Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) Full Name (Last, First, Middle Initial) B. Amount of Each Disbursement this Period Category' Type Office Sought: Senate Disbursement For: Senate President Other (specify) Tell Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Category' Type Office Sought: Senate President Other (specify) Tell Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Category' Type Office Sought: Senate President Other (specify) The President Other (specify) Date of Disbursement this Period Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: Purpose of Disbursement This Period Category' Type Office Sought: Purpose of Disbursement This Period Category' Type Office Sought: Purpose of Disbursement This Period Category' Type Office Sought: Purpose of Disbursement This Period	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	`		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Full Name (Last, First, Middle Initial) A. Mr. Eric O'Keefe Mailing Address PO Box 279 City State Zip Code Spring Green Wil 53588 Purpose of Disbursement Candidate Name Category/ Type O'ffice Sought: House Disbursement Candidate Name Office Sought: House Disbursement For: Prisadent Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Disbursement Candidate Name Office Sought: House Disbursement Candidate Name Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: State: District Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: State: District Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: State: District Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: State: District District Date of Disbursement this Period					
NAME OF COMMITTEE (in Full) KLW Political Fund Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name Candid					
Full Name (Last, First, Middle Initial) A. Mr. Eric O'Keefe Mailing Address PO Box 279 City State Zip Code Spring Green Wil 55588 Purpose of Disbursement Loan Repayment Candidate Name Category' City State Zip Code Wil 55588 Transaction ID : \$826.4193 Amount of Each Disbursement this Period Category' 25000.00 Office Sought: House President State: District: City State Zip Code Purpose of Disbursement Candidate Name Category' Office Sought: House President Candidate Name Category' City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Category' Type Category' Type Date of Disbursement this Period Category' Type Category' Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Category' Type Date of Disbursement this Period Category' Type Category	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
AM Mr. Eric O'Keefe Mailing Address PO Box 279 City State Zip Code Wil 53568 Primpose of Disbursement Loan Repayment Candidate Name Office Sought: House Primary General Primary General Primage of Disbursement B. Mailing Address City State Zip Code Primary General Primary Genera	/				
Mailing Address PO Box 279	_			Date of Disburse	ement
City Spring Green WI 53588 Purpose of Disbursement Loan Repayment Candidate Name Office Sought:	Wil. Life Orkeele				
Spring Green Purpose of Disbursement Loan Repayment Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement Category/ Type Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Category/ Type Office Sought: Full Name (Last, First, Middle Initial) B. Mailing Address City State District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Category/ Type Other (specify) Amount of Each Disbursement Category/ Type Date of Disbursement this Period Category/ Type Other (specify) Amount of Each Disbursement Category/ Type Other (specify) Other (specify) Category/ Type Other (specify) Other (specify) Category/ Type Category/ Type Category/ Type Other (specify) Category/ Type Category/ Type Other (specify) Category/ Type Category/ Ty	Mailing Address PO Box 279			10 2	2014
Spring Green Purpose of Disbursement Candidate Name City State: District: Full Name (Last, First, Middle Initial) Candidate Name City State: District: Full Name (Last, First, Middle Initial) Candidate Name City State: District: Full Name (Last, First, Middle Initial) Candidate Name City State: District: Full Name (Last, First, Middle Initial) Candidate Name City State: District: Candidate Name City State: District: Full Name (Last, First, Middle Initial) City State: District: Candidate Name City State: District: City State: District: City State: District: City State: District: Category/ Type District: Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Coalidate Name Category/ Type Coalidate Name Category/ Type Coalidate Name Coalidate				Transaction ID	: SB26.4193
Loan Repayment Candidate Name Category/ Office Sought:		WI 53588			
Office Sought: House Senate President State: District: Senate President State: District: Senate President State: District: Senate President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) State: District: Distri				Amount of Each	Disbursement this Period
Office Sought: House Senate President For: General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Primary General Other (specify) State: District: Mailing Address City State Zip Code Purpose of Disbursement this Period Other (specify) Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Category/ Type Office Sought: House Senate President State: District: Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate President State: District: Senate Pr	Candidate Name				25000.00
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement	Office Sought: House Disbursen	nent For:	Type		
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement this Period Category/ Type Other (specify) Category/ Type Other (specify) Category/ Type Office Sought: House Senate Primary General					
B. Date of Disbursement		Other (specify) ▼			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substotict: Substotict: Substotict: Substotict: Primary General Other (specify) ▼					
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: SubstortAL of Disbursements This Page (optional)	B.			Date of Disburse	ement
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substate: Disbursement For: General Other (specify) ▼ State: District: State: Disbursement For: Senate Primary General Other (specify) ▼ Substate: District: State: Disbursements This Page (optional)				M M / D	D / Y Y Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Primary General Other (specify) Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: House Primary General Other (specify) State: District: Substitute: District: State: Disbursement For: Senate Primary General Other (specify) Substitute: District: State: District: Substitute: Disbursements This Page (optional)	Mailing Address				
Candidate Name Category/ Type	City	State Zip Code			
Candidate Name Category/ Type Office Sought:	Purpose of Disbursement				5.1
Office Sought: House Senate President State: Disbursement For: General Other (specify) C. Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) State: District: Substract Substract Other (specify) Substract Other (specify) Substract Substract Other (specify) Substract	Candidate Name			Amount of Each	Disbursement this Period
Senate Primary General Other (specify) State: District: C. Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substitute: District: Substitute Other (specify) Substitute: Substitute Other (specify) Substitute: Substitute Other (specify) Substitute: Substitute Other (specify) Substitute Other (specif					
State: District: C. Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)					
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substoctal Optional)					
City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substoctal of Disbursements This Page (optional)		Office (specify)			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)	,				
City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	C.				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Mailing Address			M = M / D =	
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substrict: Substrict: Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period 25000.00	City	State Zip Code			
Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substruct: Disbursements This Page (optional)				Amount of Each	Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrict: Primary General Other (specify) ▼ Substrict: 25000.00	Candidate Name		Category/		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	.,,,,		
State: District: SUBTOTAL of Disbursements This Page (optional)					
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
SUBTOTAL OF DISDUISEMENTS THIS Page (optional)	State. District.				
25000.00	SUBTOTAL of Disbursements This Page (optional)				25000.00
			<u> </u>		25000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

OF 16 PAGE 11 FOR LINE 13 OF FORM 3X

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Eric O'Keefe Mailing Address PO Box 279 City Spring Green State WI ZIP Code 53: Original Amount of Loan Cumulative Payment To Date 48000.00 2 TERMS Date Incurred Date Due	Balance Outstanding at Close of This Period 25000.00 23000.00 Interest Rate Secured: 4 0.00 (apr) Yes No
City Spring Green Original Amount of Loan Cumulative Payment To Date 48000.00 TERMS Date Incurred Date Due	Balance Outstanding at Close of This Period 25000.00 23000.00 Interest Rate Secured: 4 0.00 (apr) Yes No
Original Amount of Loan Cumulative Payment To Date 48000.00 Z TERMS Date Incurred Date Due	Balance Outstanding at Close of This Period 25000.00 23000.00 Interest Rate Secured: 4 0.00 (apr) Yes No
TERMS Date Incurred Date Due	25000.00 23000.00 Interest Rate Secured: 4 0.00 % (apr) Yes No
TERMS Date Incurred Date Due	Interest Rate Secured: 4 0.00 % (apr) Yes No
Date Incurred Date Due	4 0.00 % (apr) Yes ⊠ No
M = M / D = D / Y = Y = Y = Y = M = M / D = D / Y = Y = Y	4 0.00 % (apr) Yes ∑ No
	- (Foods
List All Endorsers or Guarantors (if any) to Loan Source	of Familian
Full Name (Last, First, Middle Initial) Name	e of Employer
Mailing Address Occu	pation
Outst	anteed and and an
2. Full Name (Last, First, Middle Initial) Name	e of Employer
	pation
7	anteed anding:
Full Name (Last, First, Middle Initial) Name	e of Employer
Mailing Address Occu	pation
	unt anteed anding:
4. Full Name (Last, First, Middle Initial) Name	e of Employer
Mailing Address Occu	pation
,	unt anteed randing:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

16

NAME OF COMMITTEE (In Full) KLW Political Fund A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Unbilled Digital Advertising Services** Connectivist Media Mailing Address 544 E. Ogden Ave. Suite 700 City State Zip Code Milwaukee 53202 Transaction ID: SD10.4212 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5000.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 5000.00 1) SUBTOTALS This Period This Page (optional)..... 5000.00 2) TOTALS This Period (last page this line number only)..... 23000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 28000.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

Signature

S

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 13 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
KLW Political Fund	C C00569863
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Connection Strategy, LLC	Date of Public Distribution/Dissemination
Mailing Address PO Box 2192	Amount
City State Zip Code	2930.55
	Transaction ID : SE.4125 Date of Disbursement or Obligation
Purpose of Expenditure Robo Calls Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
WILLIAM CASSIDY Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary
Full Name of Payee Connection Strategy, LLC	Date of Public Distribution/Dissemination
Mailing Address PO Box 2192	Amount
City State Zip Code	-293.75
Arlington VA 22202	Transaction ID : SE.4128 Date of Disbursement or Obligation
Purpose of Expenditure Credit for 11/3/14 overpayment for robocalls. Category/ Type 004	11 03 2014
Name of Federal Candidate Support Office	Sought: House District:
WILLIAM CASSIDY Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2636.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms Emily Cornell	M / D D / Y Y Y

[Electronically Filed]

2015

30

01

Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 OF 16 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00569863						
M / D D / Y Y Y Y Y						
of Public Distribution/Dissemination						
11 24 7 2014						
nt						
5000.00						
ction ID : SE.4163 of Disbursement or Obligation						
11 24 7 2014						
t: House District:						
ent X Senate State: LA						
t For: Primary General						
ther (specify) ▶ Runoff						
of Public Distribution/Dissemination						
10 / 21 / Y Y Y Y Y Y Y						
nt						
38000.00						
of Disbursement or Obligation						
10 21 7 2014						
nt: House District:						
ent X Senate State: LA						
nt For: Primary X General						
other (specify) ►						
38000.00						

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
KLW Political Fund		C C00569863
Check if 24-hour report 48-hour report New	report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Connectivist Media [MEMO ITEM] Mailing Address 544 F. Onder Ave		11 24 7 2014
544 E. Ogden Ave.		Amount
Suite 700 City State	Zip Code	5000.00
Milwaukee WI	53202	Transaction ID : SE.4163 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising	Category/ Type 004	11
Name of Federal Candidate	Support	Office Sought: House District:
MARY L LANDRIEU	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General O14 Runoff Runoff
Full Name of Payee		Date of Public Distribution/Dissemination
Resonate Networks		10 21 2014
Mailing Address 11720 Plaza America Dr.		Amount
3rd Floor City State	Zip Code	38000.00
Reston VA	20190	Transaction ID : SE.4104 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	Category/ Type 004	10 21 2014
Name of Federal Candidate	X Support 0	Office Sought: House District:
WILLIAM CASSIDY	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		38000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms Emily Cornell [Elect	ronically Filed] Date	01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 16 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
K	LW Political Fund				C C00569863
	neck if 24-hour report 48-hour report	New repo	ort Amends	report file	ed on Mam / Dab / Yayayay
٦	Full Name of Payee				Date of Public Distribution/Dissemination
	Resonate Networks				11 24 2014
	Mailing Address 11720 Plaza America Dr. 3rd Floor				Amount
1	City State		Zip Code		27000.00
	Reston VA		20190		Transaction ID : SE.4138 Date of Disbursement or Obligation
	Purpose of Expenditure Digital Advertising	_	Category/ Type 0	001	11 24 2014
	Name of Federal Candidate		Suppor	rt Offic	ce Sought: House District:
	MARY L LANDRIEU		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		27000.00	Disb 2014	bursement For: Primary General 4
	Full Name of Payee Something Else Strategies, LLC Mailing Address				Date of Public Distribution/Dissemination 10 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	212 Golden Willow Ct.				Amount
	City State		Zip Code		10000.00
	Easley SC Purpose of Expenditure		29642		Transaction ID : SE.4111 Date of Disbursement or Obligation
	Advertisment Production		Category/ Type 0	004	10 / 21 / 2014
	Name of Federal Candidate		X Suppor	rt Offi	ce Sought: House District:
	WILLIAM CASSIDY		Oppose	se	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		48000.00	Disk 201	bursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures			······ ▶	37000.00
ĺ	(b) SUBTOTAL of Unitemized Independent Expenditures			······ >	
,	(c) TOTAL Independent Expenditures			······ >	
١	Under penalty of perjury I certify that the independent expewith, or at the request or suggestion of, any candidate or ac party committee) any political party committee or its agent.				
	Ms Emily Cornell	[Electron	nically Filed]	Date	01 30 2015
	Signature		_	Jale	للثنبا لتا لت

	CHEDULE E (FEC Form 3					
TI	EMIZED INDEPENDENT EXPENI	DITURES			PAGE FOR L	16 OF 16 INE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFI	CATION NUMBER ▼
k	(LW Political Fund				C C00569	863
Cł	neck if 24-hour report 48-hour	report New report	ort Amends repo		M / D = C) / Y = Y = Y
	Full Name of Payee Something Else Strategies, LLC			Date o	of Public Distrib	
	Mailing Address 212 Golden Willow Ct.			Amou		2014
	City	State	Zip Code	— r		8860.00
	Easley	SC	29642		ction ID : SE.41 of Disbursemen	122
	Purpose of Expenditure Advertisement Production		Category/ Type 004	М	10 / 28	
	Name of Federal Candidate		Support	Office Sough	nt: Hous	se District:
	WILLIAM CASSIDY		Oppose	Preside		ate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	56860.00	Disbursemen 2014 O	nt For: Pr Other (specify) ▶	imary X General
	Full Name of Payee			Date	of Public Distrib	oution/Dissemination
				I N	/ D	D / Y " Y " Y " Y
	Mailing Address			Amou	ınt	
	City	State	Zip Code			,
				Date	of Disbursemen	t or Obligation
	Purpose of Expenditure		Category/ Type	N	M M / D	D / Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	nt: Hous	se District:
			Oppose	Preside	ent Sena	ate State:
	Calendar Year-To-Date Per Election for Office Sought			Disbursemen	nt For: Pr Other (specify) ▶	imary General
					other (specify)	
	(a) SUBTOTAL of Itemized Independent	Expenditures		•	-	8860.00
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures			7	4
	(c) TOTAL Independent Expenditures				7	86496.80
	Under penalty of perjury Licertify that the	a independent evpenditures	reported herein were	not made in o	cooperation cor	neultation or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Emily Cornell	[Electronically Filed]	Date	01	30	2015
Signature					